Attorney Docket No. 215293
Date: September 19, 2003

In re Application of Application No. Filed: For: SP 1 2 2003 May Stop Non-Fee Commissioner for P.O. Box 1 450 Alexandria, VA 223 Sir:	10/068,519 February 6, 20 ELEANING M Commendment atents	EN et al. 002 ETHOD FO	, OR RECYCLING /	A PRINTING	SUBSTRAT	E BY LASE	ER ABLATIC	0-1
Transmitted herew	ith is a response	e to an offic	e action in the su	bject applicat	ion.			
☐ Applicants clai	m small entity s	tatus of this	application unde	r 37 CFR 1.2	7.			
☐ Applicants (enclosed) ☐ Applicants petition is present su	believe that no deemed neces	petition fo ssary, Appl Please ch	extension of times an extension of times an extension of the contract of the c	of time is neo cition for a s	cessary. Ho sufficient ex	wever, to t tension of	he extent the time to ren	nat such
Other: Ot								
The claim fee has h	een calculated as	shown belo	ow:				_	
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ine cialin lee nas b					SMALL	ENTITY	1	AN A SMALL TITY
i i i i i i i i i i i i i i i i i i i	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	SMALL RATE	ADDIT. CLAIM FEE	1	
Total	REMAINING AFTER	Minus	Number Previously	CLAIMS		Addit. Claim	En	ADDIT.
	REMAINING AFTER AMENDMENT	Minus Minus	Number Previously Paid For	CLAIMS PRESENT	RATE	ADDIT. CLAIM FEE	RATE	ADDIT. CLAIM FEE
TOTAL INDEPENDENT	REMAINING AFTER AMENDMENT	Minus	Number Previously Paid For	CLAIMS PRESENT =0	RATE x 9=	ADDIT. CLAIM FEE	RATE x 18=	ADDIT. CLAIM FEE \$0.00
TOTAL INDEPENDENT	REMAINING AFTER AMENDMENT 12	Minus	Number Previously Paid For	CLAIMS PRESENT =0	RATE x 9= x 42=	ADDIT. CLAIM FEE \$	RATE x 18= x 84=	ADDIT. CLAIM FEE \$0.00
TOTAL INDEPENDENT Please charge attached. A check in the The Commiss communication attached. Any filing f	REMAINING AFTER AMENDMENT 12 1 ENTATION OF MULT e my Deposit A amount of \$ ioner is hereby or credit any ees under 37 CI	MINUS TIPLE CLAIM ccount No. is attached authorized overpayme FR 1.16 for	Number Previously Paid For 20 3	CLAIMS PRESENT =0 =0 amount of \$ deficiencies count No. 12 of extra claim	RATE x 9= x 42= + 140= TOTAL A in the follow	ADDIT. CLAIM FEE \$ \$ \$ duplicate conving fees a	RATE x 18= x 84= + 280= TOTAL opy of this	ADDIT. CLAIM FEE \$0.00 \$0.00 \$0.00 sheet is

Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Chicago, Illinois 60601-6780 (312) 616-5600 (telephone) (312) 616-5700 (facsimile)

Christopher T. Griffith, Reg. No. 33,392

LEYDIG, VOIT & MAYER, LTD.

Amendment or ROA Transmittal (Revised 8/1/03)